#### POINTE COUPEE GENERAL HOSPITAL

MANAGEMENT'S DISCUSSION AND ANALYSIS AND FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

FOR THE YEARS ENDED OCTOBER 31, 2012, 2011, AND 2010

#### Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Years Ended October 31, 2012, 2011, and 2010

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This section of the Hospital Service District's annual financial report presents background information and management's analysis of the District's financial performance during the fiscal year that ended on October 31, 2012. Please read it in conjunction with the financial statements in this report.

#### **Financial Highlights**

- Total assets increased \$2,050,559 or 6.67% in fiscal year 2012. In fiscal year 2011, the District's total assets increased by \$1,262,733 or 4.28%. This follows an increase during fiscal year 2010 of \$754,823, or approximately 2.63% compared to an increase of \$443,294 in fiscal year 2009, a percentage increase of 1.57%.
- Net operating revenues increased \$2,309,084 in fiscal year 2012 compared to a \$493,788 increase for fiscal year 2011. Operating expenses increased \$1,225,186 and \$581,108 in fiscal years 2012 and 2011, respectively. During fiscal year 2010, the District's net operating revenues increased \$373,130 while expenses increased \$1,139,938. The District had profits from operations in 2012 of \$1,073,307 compared to a loss of \$10,591 and profits of \$76,729 during 2011, and 2010, respectively.
- The District recorded revenues for Uncompensated Costs Reimbursement in the amounts of \$2,012,379, \$1,939,914, and \$2,017,245 in 2012, 2011, and 2010, respectively. In 2009, the amount received was \$1,543,566.
- The District received sales tax revenues of \$1,939,211 in fiscal year 2012, \$1,683,342 in fiscal year 2011, \$1,781,959 in fiscal year 2010, and \$1,958,987 in fiscal year 2009.
- The District made \$685,823 in capital acquisitions for the fiscal year compared to \$1,673,977 for fiscal year 2011. The majority of these acquisitions were related to EHR implementation and various equipment.

#### **Required Financial Statements**

The Financial Statements of the District report information about the District using Governmental Accounting Standards Board (GASB) accounting principles. These statements offer short-term and long-term financial information about its activities. The Balance Sheets include all of the District's assets and liabilities and provide information about the nature and amounts of investments in resources (assets) and the obligations to District creditors (liabilities). It also provides the basis for computing rate of return, evaluating the capital structure of the District and assessing the liquidity and financial flexibility of the District. All of the current year's revenues and expenses are accounted for in the Statements of Revenue, Expenses, and Changes in Net Assets. This statement measures improvements in the District's operations over the past two years and can be used to determine whether the District has been able to recover all of its costs through its patient service revenue and other revenue sources. The final required financial statement is the Statements of Cash Flows. The primary purpose of this statement is to provide information about the District's cash from operations, investing, and financing activities, and to provide answers to such questions as where did cash come from, what was cash used for, and what was the change in cash balance during the reporting period.

#### Financial Analysis of the Hospital Service District

The Balance Sheets and the Statements of Revenue, Expenses, and Changes in Net Assets report information about the Hospital Service District's activities. These two statements report the net assets of the District and changes in them. Increases or decreases in the District's net assets are one indicator of whether its financial health is improving or deteriorating. However, other nonfinancial factors such as changes in the health care industry, changes in Medicare and Medicaid regulations, and changes in managed care contracting should also be considered.

#### **Net Assets**

A summary of the District's Balance Sheets is presented in Table 1 below:

TABLE 1
Condensed Balance Sheets

	<u>2012</u>	<u>2011</u>	<u>2010</u>	2009
Total current assets Capital assets - net Other assets	\$ 5,628,533 10,520,087 16,635,624	\$ 6,758,390 11,030,838 12,944,457	\$ 7,469,915 10,657,444 11,343,593	\$ 7,137,667 10,632,453 10,946,009
Total Assets	\$ 32,784,244	\$ 30,733,685	\$ 29,470,952	\$ 28,716,129
Current liabilities Long-term liabilities Net assets	\$ 3,674,857 955,794 28,153,593	\$ 2,939,015 961,305 26,833,365	\$ 1,756,000 966,450 26,748,502	\$ 1,843,127 971,255 25,901,747
Total Liabilities and Net Assets	\$ 32,784,244	\$ 30,733,685	\$ 29,470,952	\$ 28,716,129

In Table 1 it can be seen that total assets increased by 6.67% or \$2,050,559 in fiscal year 2012. An increase of \$1,262,733, \$754,823, and \$443,294, occurred in fiscal year 2011, 2010, and 2009, respectively. Current liabilities have increased \$735,842 or 25.0% during fiscal year 2012 compared to the increase in total assets.

#### Summary of Revenue, Expenses, and Changes in Net Assets

The following table presents a summary of the District's historical revenues and expenses for each of the fiscal years ended October 31, 2012, 2011, 2010, and 2009.

TABLE 2
Condensed Statements of Revenue, Expenses, and
Changes in Net Assets

	2012	2011	2010	2009
Revenue: Net patient service revenue Sales tax revenue Other revenues	\$ 19,773,174 1,939,211 1,331,298	\$ 18,167,494 1,683,342 883,763	\$ 17,858,215 1,781,959 600,637	\$ 16,948,781 1,958,987 959,913
Total revenue	\$ 23,043,683	\$ 20,734,599	\$ 20,240,811	\$ 19,867,681

#### Summary of Revenue, Expenses, and Changes in Net Assets (Continued)

### TABLE 2 (Continued) Condensed Statements of Revenue, Expenses, and Changes in Net Assets

The second responsible of the second	2012	<u>2011</u>	2010	2009
Expenses: Salaries and benefits Medical supplies and drugs Insurance Professional fees Depreciation Other expenses	\$ 11,319,113 1,880,159 441,663 3,122,790 1,106,020 4,100,631	\$ 11,085,618 1,826,318 429,816 2,994,202 1,058,614 3,350,622	\$ 10,197,422 2,041,192 429,395 2,881,508 1,027,721 3,586,844	\$ 9,497,920 1,617,757 454,461 2,880,657 976,675 3,596,674
Total expenses	21,970,376	20,745,190	20,164,082	19,024,144
Operating income (loss)	1,073,307	(10,591)	76,729	843,537
Nonoperating income (loss): Interest income and expense, net Gain (loss) on disposal of assets Payments to Police Jury  Nonoperating income, net	177,500 -0- (195,451) (17,951)	186,922 100,127 (186,200) 100,849	174,864 8,712 (201,200) (17,624)	214,415 18,293 (186,200) 46,508
Excess of revenues (expenses) before capital grants Capital grants	1,055,356 264,872	90,258 66,497	59,105 754,849	890,045 283,962
Excess of revenues (expenses)	1,320,228	156,755	813,954	1,174,007
Other comprehensive income Comprehensive income (loss)		<u>(71,892)</u> 84,863	32,801 846,755	52,982 1,226,989
Net assets at beginning of year	26,833,365	26,748,502	25,901,747	24,674,758
Net assets at end of year	\$ 28,153,593	\$ 26,833,365	\$ 26,748,502	\$ 25,901,747

#### Sources of Revenue

#### **Operating Revenue**

During fiscal year 2012, the District derived the majority of its total revenue from patient service revenue. Patient service revenue includes revenue from the Medicare and Medicaid programs and patients or their third-party payers, who receive care in the Hospital's facilities.

#### Sources of Revenue (Continued)

#### **Operating Revenue (Continued)**

The Hospital became a Critical Access Hospital (CAH) on November 1, 2004. This changed the method of payment for most Medicare charges from prospective payment to cost based reimbursement. Swing bed services for Medicare patients also began in fiscal year 2005. Reimbursement for the Medicare and Medicaid programs and the third-party payers is based upon established contracts. The difference between the covered charges and the established contract is recognized as a contractual allowance. Other revenue includes interest income, cafeteria sales, and revenue from services provided to physicians, rental income and other miscellaneous services.

Table 3 presents the relative percentages of gross charges billed for patient services by payer for the fiscal years ended October 31, 2012, 2011, 2010, and 2009.

TABLE 3
Payer Mix by Percentage

	2012	<u>2011</u>	2010	2009
Medicare	36%	38%	37%	36%
Medicaid	10%	18%	17%	18%
Commercial Insurance	43%	34%	35%	34%
Self Pay	11%	11%	11%	12%

#### Non-operating Income

The District holds designated and restricted funds in its Balance Sheets that are invested primarily in the Louisiana Asset Management Pool, Merrill Lynch, and State Farm. Interest income in 2012 was \$243,754 compared to \$253,519 in fiscal year 2011. Total cash and investments in fiscal years 2012 and 2011 respectively are \$18,145,008 and \$16,566,787 with an increase of \$1,578,221. For fiscal year 2010, these cash and investments were \$14,552,914 in total that earned \$241,781 interest income. In 2009, the cash and investment's carrying amounts were \$13,778,026, with interest income of \$281,631.

#### **Operating and Financial Performance**

The following summarizes the Hospital's Statements of Revenue, Expenses, and Changes in Net Assets between 2012, 2011, 2010, and 2009:

In fiscal year 2012 patient admissions totaled 727 or a percentage decrease of 11.4%. Overall activity at the Hospital, as measured by patient admissions, decreased by 125 patients to 821, a percentage decrease of 13.2% in fiscal year 2011, compared to a decrease of 3.8% to 946 in 2010. This follows a decrease of 5.7% to 983 patient admissions in fiscal year 2009. In 2012, patient days decreased to 2,439 from 2,546 in 2011 and 2,784 in 2010, or percentage decrease of 4.2% and 8.5% in 2012 and 2011, respectively. Patient days decreased 3.0% to 2,784 in 2010 from 2,870 in 2009.

Average length of stay in 2012 was 3.54 for acute and 7.75 for swing. In 2011 and 2010, the average length of stays for acute were 3.10 and 2.95 and for swing were 6.49 and 5.54 days, respectively. Average length of stay of 2.86 in fiscal year 2009 decreased from 3.01 in 2008.

#### **Operating and Financial Performance (Continued)**

In 2012, total net patient service revenue increased by 8.84% or \$1,605,680. Total net patient service revenue in fiscal year 2011 increased by \$309,279 or 1.73%, over 2010 net patient service revenue, and increased by \$909,434 in 2010 over 2009. In 2009, there was an increase of \$597,830 over 2008 revenue.

Gross accounts receivable increased in 2012 for the Hospital by \$432,826 and net accounts receivable decreased for Home Health / Hospice by \$91,049. In 2011, gross accounts receivable increased by \$854,452 for the Hospital and net accounts receivable increased by \$172,482 for Home Health / Hospice. Average days in net accounts receivable have increased to 39 in 2012 compared to 37 in 2011. In 2010 and 2009, average days in net accounts receivable were 32 and 38, respectively. The Hospital continues to exert every effort to assist patients in finding funding sources for health care.

Salaries continued to increase in 2012 by \$167,076 compared to an increase in 2011 of \$702,461, in fiscal year 2010 by \$396,748 over 2009 costs. A corresponding increase in benefits of \$66,419, \$185,735, and \$302,754 occurred between 2012, 2011, and 2010, respectively. Benefits increased mainly due to the increase in health insurance premiums.

The costs of medical supplies decreased by \$53,841 in 2012 compared to an increase of \$214,874 in 2011 and \$423,435 in 2010. In 2009, a decrease of \$137,098 from 2008 cost occurred.

Medical professional fees increased by \$128,588 during fiscal year 2012. In fiscal year 2011, an increase of \$112,694 occurred following a slight increase of \$851 in fiscal year 2010.

For fiscal year 2012 the provision for bad debts decreased by \$60,927 compared to an increase of \$292,508 in 2011 and an increase of \$310,724 in 2010. In 2009, provision for bad debts decreased by \$245,277 from 2008 amounts.

#### **Capital Assets**

During fiscal year 2012, the District invested approximately \$686,000 in capital assets. Net property, plant, and equipment decreased \$510,751 in 2012.

### TABLE 4 Capital Assets

	October 31, 2012	October 31, <u>2011</u>	October 31, 2010	October 31, 2009
Land and improvements	\$ 1,933,885	\$ 1,933,885	\$ 1,820,834	\$ 1,820,834
Buildings and fixed equipment	14,924,157	15,004,297	13,281,964	13,160,104
Moveable equipment	5,697,273	5,031,310	5,434,686	4,575,227
Total	22,555,315	21,969,492	20,537,484	19,556,165
Less: accumulated depreciation	12,035,228	10,938,654	9,880,040	8,923,712
Net property, plant, and equipment	\$ 10,520,087	\$ 11,030,838	\$ 10,657,444	\$ 10,632,453

#### **Long-Term Debt**

At 2012 fiscal year end, the District had \$961,305 in short-term and long-term debt.

#### Contacting the Hospital Service District's Financial Manager

This financial report is designed to provide our citizens, customers and creditors with a general overview of the Hospital Service District's finances and to demonstrate the accountability for the money it receives. If you have questions about this report or need additional financial information, contact Hospital Administration.



#### LESTER, MILLER & WELLS

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#### INDEPENDENT AUDITORS' REPORT

To the Board of Commissioners Hospital Service District No. 1 Parish of Pointe Coupee, State of Louisiana New Roads, Louisiana

We have audited the accompanying consolidated financial statements of the Hospital Service District No. 1, Parish of Pointe Coupee, (the "District"), a component unit of the Pointe Coupee Parish Police Jury, as of and for the years ended October 31, 2012, 2011, and 2010, as listed in the foregoing table of contents. These consolidated financial statements are the responsibility of the District's management. Our responsibility is to express an opinion on these financial statements based on our audits.

Except as discussed in the following paragraph, we conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in <u>Government Auditing Standards</u>, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall consolidated financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

The financial statements of Maison Pointe Coupee Apartments, the "Affiliate", were audited by another auditor for the years ended December 31, 2012, 2011, and 2010, and we were not engaged to audit the Affiliate's financial statements as part of our audit of the District's financial statements. The Affiliate's financial activities are included in the District's financial statements as an affiliate and represent 5.5 percent, 3.1 percent, and 1.4 percent, respectively, of the assets, net assets, and revenues of the District's aggregately presented affiliates.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Hospital Service District No. 1, Parish of Pointe Coupee and its affiliate, as of October 31, 2012, 2011, and 2010, and the results of its operations and cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with <u>Government Auditing Standards</u>, we have also issued a report dated April 29, 2013, on our consideration of the District's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with <u>Government Auditing Standards</u> and should be read in conjunction with this report in considering the results of our audits.

Board of Commissioners Hospital Service District No. 1 Parish of Pointe Coupee, State of Louisiana Page Two

Our audits were conducted for the purpose of forming an opinion on the District's consolidated financial statements. The supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information has been subjected to the auditing procedures applied by us and the other auditors in the audit of the consolidated financial statements, and in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages "i" through "vi" be presented to supplement the consolidated financial statements. Such information, although not a part of the consolidated financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the consolidated financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's response to our inquiries, the consolidated financial statements, and other knowledge we obtained during our audit of the consolidated financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Certified Public Accountants Alexandria, Louisiana

for Melle & Wells

April 29, 2013



## Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combined Balance Sheets October 31,

ASSETS		<u>2012</u>	<u>2011</u>	<u>2010</u>
Current Cash and cash equivalents (Notes 2 & 3) Patient accounts receivable, net of estimated	\$	1,731,907	\$ 3,844,853	\$ 3,431,844
uncollectibles (Note 5) Estimated third-party payor settlements Other receivables Inventory Prepaid expenses		2,099,858 1,112,242 48,648 518,567 117,311	1,832,520 285,782 65,208 593,398 136,629	1,587,234 846,146 938,628 548,246 117,817
Tropala experiesc	1		100,000	111,011
Total Current Assets		5,628,533	6,758,390	7,469,915
Assets limited as to use (Note 4)		1,678,995	1,676,656	1,660,027
Capital assets, net (Note 6)		10,520,087	11,030,838	10,657,444
Other assets				
Investments LHA investment		14,734,106 222,523	11,045,278	9,461,043
LAA IIIvestinerit		222,023	222,523	222,523
Total Assets	\$	32,784,244	\$ 30,733,685	\$ 29,470,952
LIABILITIES AND NET ASSETS				
Current				
Accounts payable Accrued expenses and withholdings payable	\$	489,225	\$ 490,753	\$ 598,300
(Note 7) Estimated third-party payor settlements Unearned revenue Current portion of long-term debt (Note 8)		1,186,813 80,000 1,913,308 5,511	1,208,261 179,130 1,055,725 5,146	1,072,895 80,000 -0- 4,805
current portion of long-term dept (Note o)		0,011	0,140	4,000
Total Current Liabilities		3,674,857	2,939,015	1,756,000
Long-term Long-term debt (Note 8)		955,794	961,305	966,450
Total Liabilities	\$	4,630,651	\$ 3,900,320	\$ 2,722,450

See accompanying notes to financial statements.

# Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combined Balance Sheets (Continued) October 31,

	<u>2012</u>	<u>2011</u>	2010
Net Assets Invested in capital assets, net of related debt Unrestricted net assets	\$ 9,558,782 18,594,811	\$ 10,064,387 16,768,978	\$ 9,686,189 17,062,313
Total Net Assets	28,153,593	26,833,365	26,748,502
Total Liabilities and Net Assets	\$ 32,784,244	\$ 30,733,685	\$ 29,470,952

# Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combined Statements of Revenue, Expenses, and Changes in Net Assets Years Ended October 31,

Revenue	2012		<u>2011</u>	2010
Net patient service revenue (Note 12)	\$ 19,773,174	\$	18,167,494	\$ 17,858,215
Sales tax revenue	1,939,211	20.50	1,683,342	1,781,959
Donations	5,551		-0-	174
Grants	679,099		290,972	-0-
Other operating revenue	646,648		592,791	600,463
Total Revenue	23,043,683		20,734,599	20,240,811
Expenses				
Salaries and benefits	11,319,113		11,085,618	10,197,422
Medical supplies and drugs	1,880,159		1,826,318	2,041,192
Insurance	441,663		429,816	429,395
Professional fees	3,122,790		2,994,202	2,881,508
Depreciation	1,106,020		1,058,614	1,027,721
Other expenses	4,100,631		3,350,622	3,586,844
Total Expenses	21,970,376		20,745,190	20,164,082
Operating Income (Loss)	1,073,307		(10,591)	76,729
Nonoperating Income (Loss)				
Investment income	243,754		253,519	241,781
Interest expense	(66, 254)		(66,597)	(66,917)
Gain (loss) on disposal of assets	-0-		100,127	8,712
Payments to Police Jury	<u>(195,451</u> )		(186,200)	(201,200)
Nonoperating Income (Loss), net	(17,951)		100,849	(17,624)
Excess of Revenue (Expenses) before Capital Grants	1,055,356		90,258	59,105
Capital grants	264,872		66,497	754,849
Excess of Revenues (Expenses)	1,320,228		156,755	813,954
Other Comprehensive Income				
Unrealized investment gains (losses)	-0-		(71,892)	32,801
Comprehensive Income (Loss)	1,320,228		84,863	846,755
Beginning Net Assets	26,833,365		26,748,502	25,901,747
Ending Net Assets	\$ 28,153,593	\$	26,833,365	\$ 26,748,502

See accompanying notes to financial statements.

## Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combined Statements of Cash Flows Years Ended October 31,

Cash flows from operating activities:	2012	2011		2010
Cash receipts from patients and				
third-party payors  Cash receipts from other operating revenues	\$ 19,437,829 3,287,069	\$ 19,637,427 3,368,633	\$	17,743,362 2,421,795
Cash payments to employees and for	3,201,003	0,000,000		2,421,733
employee-related cost	(11,340,561)	(10,950,252)		(10,050,929)
Cash payments for other operating expenses	(9,362,068)	(8,772,469)		_(9,019,367)
Net cash provided (used) by operating activities	2,022,269	3,283,339		1,094,861
Cash flows from investing activities:				
Income on investments whose use is limited	275	5,905		1,439
Other investment income	243,479	247,614		240,342
Assets limited as to use Unrestricted investments	(2,339)	(16,629)		243
Official investments	_(3,688,828)	(1,584,235)		(471,577)
Net cash provided (used) by investing activities	_(3,447,413)	_(1,347,345)		(229,553)
Cash flows from non-capital financing activities:				
Payments to Police Jury	(195,451)	(186,200)		(201,200)
Net cash provided (used) by non-capital financing activities	(195,451)	(186,200)		(201,200)
manoring doubles	(100,401)	(100,200)		(201,200)
Cash flows from capital and related financing activities:				
Purchases of property, plant, and equipment	(685,823)	(1,673,977)		(1,053,643)
Proceeds from capital grants	264,872	66,497		754,849
Proceeds from sale of assets	-0-	342,096		9,643
Principal payments on long-term debt Interest paid on long-term debt	(5,146) (66,254)	(4,804) (66,597)	25	(4,486) (66,917)
interest paid on long-term debt	(00,204)	(00,397)		(00,917)
Net cash provided (used) by capital and				
related financing activities	(492,351)	(1,336,785)		(360,554)
Net increase (decrease) in cash and cash				
equivalents	(2,112,946)	413,009		303,554
Beginning cash and cash equivalents	3,844,853	3,431,844		3,128,290
Ending cash and cash equivalents	\$ 1,731,907	\$ 3,844,853	\$	3,431,844

See accompanying notes to financial statements.

# Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combined Statements of Cash Flows (Continued) Years Ended October 31,

		2012		<u>2011</u>		2010
Supplemental disclosure of cash flow information:						
Cash paid during the year for interest	\$	66,254	\$	66,597	\$	66,917
Reconciliation of income from operations to						
net cash provided by operating activities:						
Operating income (loss)	\$	1,073,307	\$	(10,591)	\$	76,729
Adjustments to reconcile operating income to						
net cash provided by operating activities:						
Depreciation		1,106,020		1,058,614		1,027,721
Loss of disposal of asset		90,554		-0-		-0-
Unrealized investment gains (losses)		-0-		(71,892)		32,801
Provision for bad debts		3,557,894		3,618,821		3,326,313
(Increase) decrease in:						
Net patient accounts receivable		(3,825,232)		(3,864,107)		(3,149,622)
Estimated third-party payor settlements		(826,460)		560,364		(85,292)
Other receivables		16,560		873,420		(104,879)
Inventory		74,831		(45,152)		45,152
Prepaid expenses		19,318		(18,812)		13,384
Increase (decrease) in:						
Accounts payable		(1,528)		(107,547)		(143,843)
Accrued expenses and withholdings payable		(21,448)		135,366		136,397
Estimated third-party payor settlements		(99,130)		99,130		(80,000)
Unearned revenue		857,583		1,055,725		
Net and annided for all burning to a first	•	0.000.000	Φ.	0.000.000	<b>c</b>	1.004.004
Net cash provided (used) by operating activities	\$	2,022,269	\$	3,283,339	\$	1,094,861

#### **NOTE 1 - ORGANIZATION AND OPERATIONS**

#### Legal Organization

Pointe Coupee Hospital Service District No. 1 (referred to herein as "Pointe Coupee General Hospital" or the "District") was created by an ordinance of the Pointe Coupee Parish Police Jury on June 5, 1979. The District's area includes all of Pointe Coupee Parish, Louisiana.

The District is a political subdivision of the Pointe Coupee Parish Police Jury whose jurors are elected officials. The District's nine commissioners are appointed by the Pointe Coupee Parish Police Jury. As the governing authority of the Parish, for reporting purposes, the Pointe Coupee Parish Police Jury is the financial reporting entity for the District. Accordingly, the District was determined to be a component unit of the Pointe Coupee Parish Police Jury based on Statement No. 14 of the National Committee on Governmental Accounting. The accompanying financial statements present information only on the funds maintained by the District and do not present information on the police jury, the general governmental services provided by that governmental unit or the other governmental units that comprise the financial reporting entity.

An affiliate, Hospital Service District No. 1 of Pointe Coupee, Louisiana, Inc. (dba Maison Pointe Coupee Apartments) was incorporated as a Louisiana nonprofit corporation on July 21, 1999. On November 1, 2004, Pointe Coupee Homebound Health and Hospice (PCHHH) was transferred from the Hospital enterprise fund and became a separate enterprise fund of the District.

#### Nature of Business

The District provides outpatient, emergency, inpatient acute hospital services, skilled nursing (through "swingbeds"), as well as home health care and hospice services. It also provides services to the parish ambulance service, health unit, mental health unit, substance abuse unit and the Council on Aging. Its affiliate began providing elderly housing to local residents on April 5, 2002. On November 1, 2004, the Hospital converted to a 25 bed critical access hospital (CAH).

#### Consolidated Financial Statements

The accompanying consolidated financial statements include the accounts of the Hospital Service District No. 1, Parish of Pointe Coupee as well as Maison Pointe Coupee Apartments. A separate enterprise fund was created November 1, 2004 for Pointe Coupee Homebound Health and Hospice. The District has control of its affiliate through common board members. All intercompany transactions and balances have been eliminated.

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **Enterprise Fund**

Enterprise funds are used to account for operations that are financed and operated in a manner similar to private business enterprises – where the intent of the governing body is that the costs (expenses, including depreciation) of providing goods or services to the general public on a continuing basis be financed or recovered primarily through user charges.

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### Basis of Accounting

The District uses the accrual method of accounting. Under Governmental Accounting Standards Board (GASB) Statement No. 20, Accounting and Financial Reporting for Proprietary Funds and Other Governmental Activities That Use Proprietary Fund Accounting, the Hospital has elected not to apply Financial Accounting Standards Board pronouncements issued after November 30, 1989. Hospital accounting and reporting procedures also conform to the requirements of Louisiana Revised Statute 24:513 and to the guide set forth in the Louisiana Governmental Audit Guide, the AICPA Audit and Accounting Guide - Health Care Organizations, published by the American Institute of Certified Public Accountants, and standards set by the Governmental Accounting Standards Board (GASB), which is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

#### Cash and Cash Equivalents

Cash and cash equivalents consist primarily of deposits in checking and money market accounts and certificates of deposit with original maturities of 90 days or less. Certificates of deposit with original maturities over 90 days are classified as short-term investments. Cash and cash equivalents and short-term investments are stated at cost, which approximates market value. The caption "cash and cash equivalents" does not include amounts whose use is limited or temporary cash investments.

#### Income Taxes

The entity is a political subdivision and exempt from taxation.

#### Credit Risk

The District provides medical care primarily to Pointe Coupee Parish residents and grants credit to patients, substantially all of whom are local residents.

The District's estimate of collectibility is based on an evaluation of historical collections compared to gross revenues and an analysis of aged accounts receivable to establish an allowance for uncollectible accounts.

#### Significant Concentration of Economic Dependence

The District has an economic dependence on a small number of staff physicians who admit over 90% of the District's patients. The District also has an economic dependence on Medicare and Medicaid as sources of payments as shown in the table in Note 12. Accordingly, changes in federal or state legislation or interpretations of rules have a significant impact on the District.

#### Net Patient Service Revenue

The District has entered into agreements with third-party payors, including government programs, health insurance companies, and managed care health plans, under which the Hospital is paid based upon established charges, the cost of providing services, predetermined rates per diagnosis, fixed per diem rates, or discounts from established charges.

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### Net Patient Service Revenue (Continued)

Revenues are recorded at estimated amounts due from patients and third-party payors for the Hospital services provided. Settlements under reimbursement agreements with third-party payors are estimated and recorded in the period the related services are rendered and are adjusted in future periods as final settlements are determined.

#### <u>Inventory</u>

Inventory is stated at the lower of cost or market value. Cost is determined by the first-in, first-out method.

#### Capital Assets

Capital assets are recorded at cost for purchased assets or at fair market value on the date of any donation. The District uses straight-line method of determining depreciation for financial reporting and third-party reimbursement. The following estimated useful lives are generally used.

Buildings and Improvements 25 to 40 years
Machinery and Equipment 5 to 20 years
Furniture and Fixtures 5 to 15 years

Expenditures for additions, major renewals, and betterments are capitalized and expenditures for maintenance and repairs are charged to operations as incurred.

The cost of assets retired or otherwise disposed of and related accumulated depreciation are eliminated from the accounts in the year of disposal. Gains or losses resulting from property disposals are credited or charged to operations currently.

#### **Net Assets**

Net assets of the District are classified in four components. Net assets invested in capital assets, net of related debt consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted expendable net assets are noncapital net assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the District. Restricted non expendable net assets equal the principal portion of permanent endowments. The District has no restricted expendable or non expendable net assets at this time. Unrestricted net assets are remaining net assets that do not meet the definition of invested in capital assets net of related debt or restricted.

#### Revenue and Expenses

The District's statements of revenue, expenses, and changes in net assets distinguish between operating and nonoperating revenue and expenses. Operating revenues result from exchange transactions associated with providing health care services – the District's principal activity. Operating revenue also includes sales taxes passed to provide the District with revenue to operate and maintain the District. Nonexchange revenues are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### **Grants and Contributions**

From time to time, the District receives grants and contributions from the State of Louisiana, individuals or private and public organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as operating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

#### Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

#### Reclassifications

Certain amounts in the prior year financial statements have been reclassified to conform to the current year classifications.

#### **Charity Care**

The District provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the District does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

#### Risk Management

The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

#### **NOTE 3 - DEPOSITS AND INVESTMENTS**

Investing is performed in accordance with investment policies complying with state statutes. Funds may be invested in direct obligations of the United States Government and its agencies pledged by its full faith and credit, certificates of deposit, and savings accounts which are secured by FDIC or pledge of securities, and government backed mutual or trust funds.

#### NOTE 3 - DEPOSITS AND INVESTMENTS (Continued)

<u>Custodial Credit Risks</u> – Custodial credit risk for deposits is the risk that in the event of a bank failure, the District's deposits may not be returned to it. Louisiana state statutes require that all of the deposits of the District be protected by insurance or collateral. The fair value of the collateral pledged must equal 100% of the deposits not covered by insurance. The District's deposits were entirely insured or entirely collateralized by securities held by the pledging bank's trust department in the District's name at October 31, 2012, 2011, and 2010.

<u>Interest Rate Risks</u> – Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value is to changes in market interest rates.

The carrying amounts of deposits and investments are included in the Hospital's balance sheets as follows:

Corning amount	2012	2011	2010
Carrying amount Deposits Investments	\$ 3,410,902 14,956,629	\$ 5,521,509 11,267,801	\$ 5,091,871 9,683,566
	\$ _18,367,531	\$ _16,789,310	\$ 14,775,437
Included in the following balance sheet captions			
Cash and cash equivalents	\$ 1,731,907	\$ 3,844,853	\$ 3,431,844
Assets whose use is limited	1,678,995	1,676,656	1,660,027
Investments	14,956,629	11,267,801	9,683,566
	\$ 18,367,531	\$ 16,789,310	\$ 14,775,437

Account balances according to banks' records at October 31, 2012, for the Hospital are as follows:

	Regions Bank	Merrill Lynch
Cash in bank	\$ 1,597,487	\$ 14,025,838
Insured by FDIC	\$ 250,000	\$ 30,146
Collateralization by fair market value	\$ 1,347,487	\$ 13,995,692
Uncollateralized	\$ -0-	\$ -0-

#### NOTE 3 - DEPOSITS AND INVESTMENTS (Continued)

The District has 14% of its investments invested in the Louisiana Asset Management Pool, Inc. (LAMP). LAMP is a 2a7 like-investment pool. LAMP's portfolio includes only securities and other obligations in which the District is authorized to invest in accordance with LA – R.S. 33:2955.

Credit Risk - LAMP is rated AAAm by Standard & Poor's.

The District's investments are generally reported at fair value. At October 31, 2012, 2011, and 2010, the District had the following investments and maturities, all of which were held in the District's name by a custodial bank that is an agent of the District.

October 31, 2012	On we do so		1	nvestment Ma	<u>turi</u>	ties (In Years)	
Investment Type	Carrying <u>Amount</u>	Less <u>Than 1</u>		1 - 5		<u>6 - 10</u>	More Than 10
LAMP	\$ 2,210,600	\$ 2,210,600	\$	-0-	\$	-0-	\$ -0-
Federal National Mortgage Association Federal Home Lean Mortgage	2,031,559	861,479		-0-		1,170,080	-0-
Federal Home Loan Mortgage Corporation	1,523,526	-0-		-0-		1,523,526	-0-
Federal Home Loan Mortgage Federal Home Loan Bank	460,944 9,048,939	-0- 97,363		-0- 2,287,960		460,944 2,978,280	-0- 3,685,336
Federal Farm Credit Bank	834,025			834,025		-0-	-0-
Total	\$ 16,109,593	\$ 3,169,442	\$	3,121,985	\$	6,132,830	\$ 3,685,336
October 31, 2011	3		1	nvestment Ma	<u>ituri</u>	ties (In Years)	
October 31, 2011 Investment Type	Carrying Amount	Less Than 1	1	nvestment Ma	<u>ituri</u>	ties (In Years) <u>6 - 10</u>	More Than 10
Investment Type  LAMP	\$ 	\$	<u>1</u>		<u>aturi</u> \$		\$
Investment Type  LAMP Federal National Mortgage Association	\$ Amount	\$ Than 1		<u>1 - 5</u>		<u>6 - 10</u>	<u>Than 10</u>
Investment Type  LAMP Federal National Mortgage	\$ Amount 2,607,320 2,129,170 3,043,436	\$ Than 1 2,607,320 64,220 -0-		<u>1 - 5</u> -0-		<u>6 - 10</u> -0-	<u>Than 10</u> -0- -0- -0-
Investment Type  LAMP Federal National Mortgage Association Federal Home Loan Mortgage Corporation Federal Home Loan Mortgage	\$ Amount 2,607,320 2,129,170 3,043,436 440,683	\$ Than 1  2,607,320  64,220  -00-		1 - 5 -0- 2,064,950 954,441 -0-		6 - 10 -0- -0- 2,088,995 440,683	Than 10 -0- -0- -0- -0-
Investment Type  LAMP Federal National Mortgage Association Federal Home Loan Mortgage Corporation Federal Home Loan Mortgage Federal Home Loan Bank	\$ Amount 2,607,320 2,129,170 3,043,436 440,683 2,161,119	\$ Than 1  2,607,320  64,220  -00- 70,157		1 - 5 -0- 2,064,950 954,441 -0- 2,090,962		6 - 10 -0- -0- 2,088,995 440,683 -0-	Than 10 -0000-
Investment Type  LAMP Federal National Mortgage Association Federal Home Loan Mortgage Corporation Federal Home Loan Mortgage	\$ Amount 2,607,320 2,129,170 3,043,436 440,683	\$ Than 1  2,607,320  64,220  -00-		1 - 5 -0- 2,064,950 954,441 -0-		6 - 10 -0- -0- 2,088,995 440,683	Than 10 -0- -0- -0- -0-

#### NOTE 3 - DEPOSITS AND INVESTMENTS (Continued)

October 31, 2010			<u>l</u>	nvestment Ma			
Investment Type	Carrying <u>Amount</u>		Less Than 1		<u>1 - 5</u>	<u>6 - 10</u>	More Than 10
LAMP	\$ 3,173,797	\$	3,173,797	\$	-0-	\$ -0-	\$ -0-
Federal National Mortgage Association	980,769		-0-		980,769	-0-	-0-
Federal Home Loan Mortgage					The state of the s		
Corporation	2,328,354		397,801		967,254	963,299	-0-
Federal Farm Credit Bank	3,791,611		-0-		-0-	3,791,611	
Federal Home Loan Bank	73,325		-0-		73,325	-0-	-0-
Treasury Inflation	59,380				59,380	-0-	-0-
Total	\$ 10,407,236	\$	3,571,598	\$	2,080,728	\$ 4,754,910	\$ 0-

#### NOTE 4 - ASSETS LIMITED AS TO USE

Assets limited as to use are summarized below. Investments are stated at cost that approximates market value.

6	2012	2011	<u>2010</u>
Limited by board for capital improvements Limited by board for third-party payor	\$ 1,024,449	\$ 1,022,929	\$ 1,021,679
contingencies Limited by board for elderly housing project	478,483 176,063	477,774 175,953	477,189 161,159
Total	\$ 1,678,995	\$ 1,676,656	\$ 1,660,027

#### NOTE 5 - ACCOUNTS RECEIVABLE

A summary of patient accounts receivable is presented below.

		2012	<u>2011</u>	<u>2010</u>
Hospital patient receivables Home Health patient receivables Hospice patient receivables	\$	3,676,616 286,527 114,575	\$ 3,089,855 320,287 171,864	\$ 2,904,844 236,458 83,211
Estimated uncollectibles	9	4,077,718 (1,977,860)	3,582,006 (1,749,486)	3,224,513 (1,637,279)
Net patient accounts receivable	\$	2,099,858	\$ 1,832,520	\$ 1,587,234

The following is a summary of the mix of receivables from patients and third-party payors at October 31:

	2012	<u>2011</u>	<u>2010</u>
Medicare	23%	30%	28%
Medicaid	1%	3%	4%
Commercial and other third-party payors	39%	31%	29%
Patients	<u>37%</u>	<u>36%</u>	<u>39%</u>
Total	<u>100%</u>	<u>100%</u>	100%

#### **NOTE 6 - CAPITAL ASSETS**

The following is a summary of capital asset additions, retirements, and balances for the years ended October 31:

	October 31, 2011	Additions	Deductions	October 31, 2012
Land	\$ 1,859,295	\$ -0-	\$ -0-	\$ 1,859,295
Land improvements	74,590	-0-	-0-	74,590
Buildings & improvements	15,004,297	19,860	100,000	14,924,157
Equipment	5,031,310	665,963	0-	5,697,273
Total	21,969,492	685,823	100,000	22,555,315
Accumulated depreciation	10,938,654	1,106,020	9,446	12,035,228
Net capital assets	\$ 11,030,838	\$ (420,197)	\$ 90,554	\$ 10,520,087

#### NOTE 6 - CAPITAL ASSETS (Continued)

	2010	Additions	Deductions	<u>2011</u>
Land Land improvements Buildings & improvements Equipment Construction in progress	\$ 1,746,244 74,590 13,281,964 4,458,406 976,280	\$ 355,020 -0- 1,722,333 572,904 -0-	\$ 241,969 -0- -0- -0- 976,280	\$ 1,859,295 74,590 15,004,297 5,031,310 -0-
Total Accumulated depreciation	20,537,484 9,880,040	2,650,257 1,058,614	1,218,249 -0-	21,969,492 
Net capital assets	\$ 10,657,444	\$ 1,591,643	\$ 1,218,249	\$ 11,030,838
	2009	Additions	Deductions	<u>2010</u>
Land Land improvements Buildings & improvements Equipment Construction in progress	\$ 1,746,244 74,590 13,160,104 4,351,543 223,684	\$ -0- -0- 121,860 179,187 752,596	\$ -0- -0- -0- 72,324 	\$ 1,746,244 74,590 13,281,964 4,458,406 976,280
Total Accumulated depreciation	19,556,165 8,923,712	1,053,643 1,027,721	72,324 71,393	20,537,484 9,880,040
Net capital assets	\$ 10,632,453	\$ 25,922	\$ 931	\$ 10,657,444

#### NOTE 7 - ACCRUED EXPENSES AND WITHHOLDINGS PAYABLE

A summary of accrued expenses follows:

		<u>2012</u>	<u>2011</u>		2010
Salaries and wages	\$	363,918	\$ 385,579	\$	331,836
Compensated absences		600,653	625,413		558,365
Payroll taxes and withholdings		210,702	186,150		171,697
Other accrued expenses	Į <b>u</b>	11,540	11,119	*	10,997
Total accrued expenses	\$	1,186,813	\$ 1,208,261	\$	1,072,895

#### NOTE 8 - LONG-TERM DEBT

The following is a summary of the changes in long-term debt as of October 31:

	October 31, 2011	<u>Additions</u>	<u>Payments</u>	October 31, 2012	Due Within One Year
USDA note payable	\$ 966,451	\$ 	\$ 5,146	\$ 961,305	\$ 5,511
Total	\$ 966,451	\$ 	\$ 5,146	\$ 961,305	\$ 5,511
	October 31, 2010	Additions	<u>Payments</u>	October 31, 2011	Due Within One Year
USDA note payable	\$ 971,255	\$ 	\$ 4,804	\$ 966,451	\$ 5,146
Total	\$ 971,255	\$ 0-	\$ 4,804	\$ 966,451	\$ 5,146
	October 31, 2009	Additions	Payments	October 31, 2010	Due Within One Year
USDA note payable	\$ 975,741	\$ 0-	\$ 4,486	\$ 971,255	\$ 4,805
Total	\$ 975,741	\$ -0-	\$ 4,486	\$ 971,255	\$ 4,805

The following are the terms and due dates of the District's long-term debt at October 31:

USDA note payable at 6.875%, due in 359 monthly installments of \$5,952 through September 30, 2032, with the balance due at that date. The loan is collateralized by two parcels of land owned by the District.

#### NOTE 8 - LONG-TERM DEBT (Continued)

Scheduled principal and interest payments on long-term debt obligations are as follows:

Year Ended October 3	<u>1,</u>	Long-term Debt <u>Principal</u>		Long-term Debt <u>Interest</u>	<u>Total</u>
2013	\$	5,511	\$	65,913	\$ 71,424
2014		5,902		65,522	71,424
2015		6,321		65,103	71,424
2016		6,769	64,655	71,424	
2017		7,249		64,175	71,424
2018-2022		44,674		312,446	357,120
2023-2027		62,938		294,182	357,120
2028-2032		821,941		268,523	1,090,464
*					
Totals	\$	961,305	\$	1,200,519	\$ 2,161,824

#### NOTE 9 - COMPENSATED ABSENCES

Upon completion of six months of employment, employees are eligible for paid time off (PTO). The amount in which each employee is entitled varies depending upon the job classification, length of service, number of hours worked each week, and other factors. A maximum of 300 hours may be carried over from year to year. Any excess must be paid or used by January 31, of a subsequent year. Vested PTO time has been recorded as a liability in the accompanying financial statements at the payroll rates in effect at the balance sheet date.

#### **NOTE 10 - PENSION PLAN**

The District participates in the Parochial Employees' Retirement System (a contributory, governmental, and multi-employer plan). Although the plan is obligated to the District's employees under a defined benefit formula, the District is obligated to the plan for a defined contribution amount (15.75%, 15.75%, and 15.75% of gross wages for 2012, 2011, and 2010, respectively). Employees also contribute 9.5% of salary to the plan. The District's pension plan expenses were \$1,237,265, \$1,204,975, and \$1,082,826 in 2012, 2011, and 2010, respectively.

There is no age exclusion for participation in the pension plan. An employee is vested after seven years of service. Withdrawal from the plan prior to the seven years results in refund of only the employee contribution, without interest.

#### **NOTE 11 - CHARITY CARE**

The Hospital provides charity care to patients who are financially unable to pay for part or all of the healthcare services they receive. The patient will either qualify for 100% of charity care or owe a per-diem based on the patient's level of income. Accordingly, the Hospital does not report the amounts it expects not to collect in net operating revenues or in the allowance for doubtful accounts. The Hospital determines the cost associated with providing charity care by aggregating the applicable direct and indirect costs, including wages and related benefits, supplies and other operating expenses. The cost of caring for charity care patients were approximately \$443,000, \$509,000 and \$665,000 for the years ended October 31, 2012, 2011 and 2010, respectively. Funds received through UCC and grants, which pay part of the cost of charity care and uninsured care, were approximately \$366,000, \$486,000 and \$405,000 for the years ended October 31, 2012, 2011 and 2010, respectively.

#### NOTE 12 - NET PATIENT SERVICE REVENUE

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows.

Medicare - Prior to November 1, 2004, inpatient acute care services rendered to Medicare program beneficiaries were paid at prospectively determined rates per discharge. These rates varied according to a patient classification system that was based on clinical, diagnostic, and other factors. Certain outpatient services related to Medicare beneficiaries were paid based on a set fee per diagnosis with a hold harmless provision for cost reimbursement. Effective November 1, 2004, the District became a Medicare "Critical Access Hospital" (CAH). This designation enables the District to receive cost based reimbursement for most services provided to Medicare beneficiaries on or after this date.

The District is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the District and audits thereof by the Medicare fiscal intermediary. The District's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the District. Home health services are reimbursed based upon a prospectively determined rate per episode. Hospice services are reimbursed based on a prospectively determined rate per day. The District's Medicare cost reports have been settled by the Medicare fiscal intermediary through October 31, 2009. The intermediary may reopen and further adjust any year within three years of the date of a Notice of Program Reimbursement.

**Medicaid** - Medicaid inpatient services are reimbursed based upon a prospectively determined per diem rate. Some Medicaid outpatient services are reimbursed under a cost reimbursement methodology, while others are paid prospectively based on a fee schedule. The District is reimbursed at a tentative rate for cost based services with final settlement determined after submission of annual cost reports by the District and audits thereof by the Medicaid fiscal intermediary. The District's Medicaid cost reports have been settled by the Medicaid fiscal intermediary through October 31, 2009.

**Commercial** - The District has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the District under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

#### NOTE 12 - NET PATIENT SERVICE REVENUE (Continued)

The following is a summary of the District's net patient service revenue for the years ended October 31:

	<u>2012</u>	2011	2010
Gross patient service charges Medicare and Medicaid contractual adjustments Provision for bad debt	\$ 29,540,204 (3,075,781) (3,557,894)	\$ 29,694,704 (4,927,253) (3,618,821)	\$ 28,927,903 (4,702,913) (3,326,313)
Uncompensated care reimbursement Physician fee revenue Employee discounts	2,012,379 999,271 (27,798)	1,939,914 -0- (32,264)	2,017,245 -0- (26,245)
Charity care Other contractual adjustments	(595,791) (5,521,416)	(728,295) (4,160,491)	(954,147) (4,077,315)
Net patient service revenue	\$ 19,773,174	\$ 18,167,494	\$ 17,858,215

The District receives a substantial portion of its revenues from the Medicare and Medicaid programs at discounted rates. The following is a summary of Medicare and Medicaid net patient service revenues for the years ended October 31:

	2012	<u>2011</u>	2010
Medicare and Medicaid gross patient charges Contractual adjustments, net of UCC	\$ 13,450,391 (1,063,402)	\$ 15,896,333 (2,987,339)	\$ 15,657,993 (2,685,668)
Program patient service revenue	\$ 12,386,989	\$ 12,908,994	\$ 12,972,325
Percent of total patient gross charges	<u>46%</u>	<u>54%</u>	<u>54%</u>
Percent of total net patient revenues	<u>63%</u>	<u>71%</u>	<u>73%</u>

#### **NOTE 13 - GRANT REVENUE**

The Hospital received a grant of \$330,302 and \$290,972 in 2012 and 2011, respectively, to be used solely to provide adequate and essential medically necessary health care services to the citizens in its community who are low income and/or indigent patients. As a condition of the grant agreement, the Hospital, along with the other participating hospitals, has agreed to indemnify the grantors for claims that may arise out of this grant agreement. Various other grants were received during the year for other uses.

The Hospital recognized operating grant income of approximately \$349,000 for Medicaid during the year ended October 31, 2012, as an incentive for implementing electronic health records (EHR). The key component of receiving the EHR incentive payment is "demonstrating meaningful use", which is meeting a series of objectives that make sure of an EHR's potential related to the improvement of quality, efficiency and patient

#### NOTE 13 - GRANT REVENUE (Continued)

safety. The Centers for Medicare and Medicaid has indicated that demonstrating meaningful use will be <a href="NOTE">NOTE</a> phased in during the next few years in three stages, with each progressive stage incorporating more stringent measures. The Hospital's policy is to record the incentive payments once various stages have been met rather than recognizing ratably throughout the attestation period. In order to receive the incentive payments under each stage, a hospital must attest through a secure mechanism that they have met the meaningful use criteria. The EHR payments each year are based on management's best estimate. The payments can be retained and additional payments can be earned for each stage if the Hospital meets certain criteria in future implementation. The EHR incentive payments are reimbursed at a tentative rate with final settlement determined after submittal of the annual cost reports and audits thereof by the fiscal intermediaries.

#### NOTE 14 - PROFESSIONAL LIABILITY RISK

The District participates in the Louisiana Patient's Compensation Fund ("PCF") established by the State of Louisiana to provide professional medical liability coverage to health care providers. The fund provides for \$400,000 of coverage per occurrence above the first \$100,000 per occurrence for which the District is at risk. The fund places no limitation on the number of occurrences covered. In connection with the establishment of the Patient's Compensation Fund, the State of Louisiana enacted legislation limiting the amount of settlement for professional liability to \$100,000 per occurrence and limiting the PCF's exposure to \$400,000 per occurrence. Defense costs are not included in these amounts.

The District's membership in the Louisiana Hospital Association Trust Fund provides additional coverage for professional medical malpractice liability. The trust fund bills members in advance, based upon an estimate of their exposure. At policy year-end, premiums are redetermined utilizing actual losses of the District. The trust fund presumes to be a "Grantor Trust" and, accordingly, income and expenses are pro-rated to member hospitals. The District has included these allocations and equity in the trust in its financial statements.

#### NOTE 15 - WORKMEN'S COMPENSATION

The District participates in the Louisiana Hospital Association Self-Insurance Workmen's Compensation Trust Fund. Should the fund's assets not be adequate to cover claims made against it, the District may be assessed its pro-rata share of the resulting deficit. It is not possible to estimate the amount, if any, of additional assessments. The trust fund presumes to be a "Grantor Trust" and accordingly, income and expenses are pro-rated to member hospitals. The District has included these allocations and equity in the trust in its financial statements.

#### **NOTE 16 - CONTINGENCIES**

The District evaluates contingencies based upon the best available evidence. The District believes that no allowance for loss contingencies is considered necessary. To the extent that resolution of contingencies results in amounts which vary from the District's estimates, future earnings will be charged or credited. The principal contingencies are described below:

#### NOTE 16 - CONTINGENCIES (Continued)

Governmental Third-Party Reimbursement Programs (Note 12) - The District is contingently liable for retroactive adjustments made by the Medicare and Medicaid programs as the result of their examinations as well as retroactive changes in interpretations applying statutes, regulations, and general instructions of those programs. The amount of such adjustments cannot be determined.

Further, in order to continue receiving reimbursement from the Medicare program, the District entered into an agreement with a government agent allowing the agent access to the District's Medicare patient medical records for purposes of making medical necessity and appropriate level of care determinations. The agent has the ability to deny reimbursement for Medicare patient claims which have already been paid to the District.

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, privacy, government healthcare program participating requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the Hospital is in compliance with fraud and abuse statutes as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

Medicaid Uncompensated Cost - The District recorded revenue in the amounts of \$2,012,379, \$1,939,914 and \$2,017,245 for Medicaid and self-pay uncompensated care services (UCC) for the years ended October 31, 2012, 2011, and 2010, respectively, which represents 10%, 11%, and 11%, of the net patient service revenue. The interim amounts received are based upon uncompensated cost incurred in previous years. Current regulations require retroactive audit of the claimed uncompensated cost and comparison to the interim amounts paid by Medicaid in each fiscal year. Any overpayments will be recouped by Medicaid and the District has not made any provisions for such recoupments. Current regulation does not provide for settlement of underpayments by Medicaid. Management contends interim amounts paid reasonably estimate final settlement. To the extent Management's estimates differ from actual results, the differences will be used to adjust income for the period when differences arise. Future UCC payments are dependent upon State appropriations, which require annual approval by the State legislature. Should the State not fund or substantially change this program, it would have a significant impact on the Hospital's revenue.

**Professional Liability Risk (Note 13)** - The District is contingently liable for losses from professional liability not underwritten by the Louisiana Patient's Compensation Fund or the Louisiana Hospital Association Trust Fund as well as for assessments by the Louisiana Hospital Association Trust Fund.

**Workmen's Compensation Risk** - The District participates in the Louisiana Hospital Association Self-Insurance Workmen's Compensation Trust Fund. Should the fund's assets not be adequate to cover claims made against it, the District may be assessed its pro rata share of the resulting deficit. It is not possible to estimate the amount of additional assessments, if any. Accordingly, the District is contingently liable for assessments by the Louisiana Hospital Association Trust Fund.

#### NOTE 16 - CONTINGENCIES (Continued)

Bonne Santé Center Obligation - The Board of Commissioners of Pointe Coupee Parish Hospital Service District No. 1, with consent from the District Attorney's office, approved payments to the Pointe Coupee Parish Police Jury for reimbursement of the Bonne Santé Center's expenditures. These payments are evaluated on a year to year basis. The District paid \$171,830, \$241,197, and \$180,953, for Bonne Santé Center's expenditures in 2012, 2011, and 2010, respectively.

**Payments to Police Jury** - During 2012, 2011, and 2010, the District transferred \$195,451, \$186,200, and \$201,200, respectively, to the Police Jury for the District's portion of 911 service. These transfers were funded from interest income.

**Litigation and Other Matters** - Various claims in the ordinary course of business are pending against the District. In the opinion of management and counsel, insurance is sufficient to cover adverse legal determinations in those cases where a liability can be measured.

#### NOTE 17 - BOARD OF COMMISSIONERS

The following schedule presents a list of the members of the Board of Commissioners of Pointe Coupee General Hospital at October 31, 2012.

Dr. Carl McLemore, M.D., Chairman

Mr. Maurice Picard, Vice Chairman

Ms. Janet Vosburg, Secretary

Dr. Donald Doucet, M.D., Finance Chair

Mr. Joseph Bergeron

Mr. Frank Foti

Mr. John Pourciau

Mr. William Vercher

Ms. Juliet Williams

These commissioners serve the District without compensation, per diem or reimbursement of expense, except actual cash out-of-pocket expenses incurred in the performance of their duties.

#### **NOTE 18 - SALES TAX**

On September 29, 1984, a 1% sales tax was renewed by the citizens of the parish for an indefinite term. The resolution provides that 50% of such tax shall be dedicated to the District. Those tax revenues are distributed to the parish Council on Aging. The remaining tax revenues are designated by the District to be distributed to hospital operations.

#### **NOTE 19 - RELATED PARTY**

The District has engaged in transactions with Innis Community Health Center, Inc., a 501(c)(3) corporation. The District has an economic interest in this entity through common board members. Those transactions consist of various expenses in the amount of \$26,697, \$30,205, and \$25,041 for October 31, 2012, 2011, and 2010, respectively.

The District has engaged in transactions with Pointe Coupee Better Access Community Health (BACH), a 501(c)(3) corporation. The District has an economic interest in this entity through common board members. Those transactions consist of various expenses in the amount of \$19,795, \$85,927, and \$202,547 for October 31, 2012, 2011, and 2010, respectively.

#### NOTE 20 - SUBSEQUENT EVENTS

Events have been evaluated through April 29 2013, for subsequent event disclosure. This date is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

# Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Schedules of Net Patient Service Revenue Years Ended October 31,

Devision completes	2012	<u>2011</u>	2010
Routine services: Adult and pediatric	\$ 1,169,256	\$ 1,042,925	\$ 1,031,080
Total routine services	1,169,256	1,042,925	1,031,080
Other professional services:			
Operating room	837,653	868,233	757,525
Recovery room	-0-	14,064	25,610
Anesthesiology	282,163	257,850	254,300
Radiology	6,845,379	7,003,063	7,180,932
Laboratory	6,546,818	6,643,182	6,475,693
Cardio pulmonary	1,033,734	801,061	659,895
Physical therapy	1,416,375	1,378,662	1,376,236
Occupational therapy	248,117	148,574	133,946
Speech therapy	167,572	129,693	73,516
Medical supply	1,119,296	899,405	947,362
Pharmacy	1,357,251	1,411,856	1,277,346
Emergency service	5,677,814	5,891,270	5,544,624
Hospice	1,415,177	1,430,765	1,243,747
Wound care	28,927	20,655	202,069
Home health	1,394,672	1,753,446	1,744,022
Total other professional services	28,370,948	28,651,779	27,896,823
Total patient service revenue	29,540,204	29,694,704	28,927,903
Deductions from revenue:			
Medicare and Medicaid contractual adjustments	3,075,781	4,927,253	4,702,913
Provision for bad debt	3,557,894	3,618,821	3,326,313
Uncompensated care reimbursement	(2,012,379)	(1,939,914)	(2,017,245)
Physician fee revenue	(999,271)	-0-	-0-
Employee discounts	27,798	32,264	26,245
Charity care	595,791	728,295	954,147
Other contractual adjustments	5,521,416	4,160,491	4,077,315
Total deductions from revenue	9,767,030	11,527,210	11,069,688
Net patient service revenue	\$ 19,773,174	\$ 18,167,494	\$ 17,858,215

# Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Schedules of Other Revenue Years Ended October 31,

		<u>2012</u>		<u>2011</u>		<u>2010</u>
Rent	\$	432,440	\$	438,105	\$	401,530
Medical record abstracts		16,506		17,596		9,138
Cafeteria		137,502		114,303		97,526
Miscellaneous revenue		60,200	_	22,787	-	92,269
Total other operating revenue	\$ _	646,648	\$_	592,791	\$ _	600,463

# Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Schedules of Expenses – Salaries and Benefits Years Ended October 31,

	2012		2011	2010
Salaries:	( <del>//</del>			
Administration	\$ 1,182,411	\$	1,135,113	\$ 1,087,621
Plant operations and maintenance	355,112		358,295	324,642
Laundry	58,543		49,660	37,696
Housekeeping	305,669		312,078	298,927
Dietary and cafeteria	295,687		284,896	269,633
Nursing administration	110,536		111,714	106,681
Medical records	226,680		226,229	240,474
Nursing services	1,875,552		1,704,443	1,564,966
Central supply	56,135		54,172	52,707
Operating room	128,181		165,305	152,509
Radiology	639,940		598,140	585,210
Laboratory	787,774		761,941	651,893
Cardio pulmonary	235,987		217,782	213,944
Pharmacy	213,233		197,146	177,339
Wound care	-0-		4,581	10,897
Emergency room	439,554		478,628	491,522
Home health	1,258,254		1,394,016	1,180,337
District	53,842		-0-	-0-
Health unit	110,440		89,815	49,407
Hospice	730,340	192	752,840	697,928
Total salaries	9,063,870		8,896,794	8,194,333
Total Salaries	9,003,070	•	0,090,794	0,194,333
Benefits:				
Employee benefits	1,464,759		1,421,845	1,284,725
Hospitalization insurance	790,484	•	766,979	718,364
Total benefits	2,255,243	a•	2,188,824	2,003,089
Total salaries and benefits	\$ 11,319,113	\$	11,085,618	\$ 10,197,422

# Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Schedules of Expenses – Medical Supplies and Drugs Years Ended October 31,

		2012		<u>2011</u>	<u>2010</u>
Nursing services	\$	146,082	\$	166,020	\$ 120,891
Operating room		24,527		55,190	61,849
Anesthesiology		1,552		2,638	5,150
Radiology		62,143		50,899	51,041
Laboratory and blood		756,548		770,317	932,473
Cardio pulmonary		76,007		77,012	87,106
Physical therapy		17,257		15,700	18,737
Central supply		131,479		113,719	100,107
Pharmacy		391,328		335,694	463,127
Emergency room		108,380		81,002	57,129
Wound care		-0-		1,127	3,803
Home health		41,078		59,640	46,297
Hospice	*****	123,778	Year	97,360	93,482
Total medical supplies and drugs	\$ _	1,880,159	\$_	1,826,318	\$ 2,041,192

# Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Schedules of Expenses – Professional Fees Years Ended October 31,

		<u>2012</u>		<u>2011</u>	<u>2010</u>
Nursing services	\$	267,454	\$	254,872	\$ 256,210
Operating room		1,060		5,085	13,387
Anesthesiology		136,060		124,930	120,100
Radiology		346,252		436,817	411,456
Laboratory and blood		367,854		395,595	423,419
Physical therapy		939,774		743,611	667,359
Cardio pulmonary		73,672		64,469	58,387
Pharmacy		12,397		3,565	5,544
Hospice		39,964		46,167	31,470
Wound care		-0-		2,021	2,100
Emergency room		780,095		734,706	662,499
Ambulance		26,206		26,747	18,000
Home health		121,709		127,042	190,439
Physician clinic	Name of Street	10,293	-	28,575	21,138
Total professional fees	\$ _	3,122,790	\$ _	2,994,202	\$ 2,881,508

## Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Schedules of Expenses – Other Expenses Years Ended October 31,

	<u>2012</u>	<u>2011</u>	2010
Purchased services	\$ 1,609,346	\$ 1,207,925	\$ 1,564,770
Medical specialist	6,250	8,650	8,600
Collection fees	44,185	45,655	46,022
Supplies	575,631	558,991	518,661
Repairs and maintenance	266,537	223,061	195,949
Utilities	320,287	318,017	323,190
Telephone	89,683	57,348	52,089
Travel	170,125	190,055	171,347
Rentals	161,054	149,628	147,717
Advertising	99,183	80,948	53,614
Dues and subscriptions	104,604	95,270	108,871
Bonne Santé	80,124	239,146	180,632
Inter-governmental transfer	242,309	-0-	-0-
Miscellaneous	331,313	175,928	215,382
Total other expenses	\$ 4,100,631	\$ 3,350,622	\$ 3,586,844

## Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combining Balance Sheets October 31, 2012

<u>Assets</u>		Pointe Coupee General <u>Hospital</u>		Pointe Coupee Home Health <u>&amp; Hospice</u>		Maison Pointe Coupee <u>Apartments</u>	Eliminating <u>Entries</u>		Combined
Current assets:									
Cash and cash equivalents									
(Note 3)	\$	1,673,445	\$	(37,361)	\$	95,823	\$ -0-	\$	1,731,907
Patient accounts receivable,									
net of estimated uncollectibles									
(Note 5)		1,766,347		332,448		1,063	-0-		2,099,858
Estimated third-party payor									
settlements		1,112,242		-0-		-0-	-0-		1,112,242
Other receivables		48,648		26,933		-0-	(26,933)		48,648
Inventory		503,287		15,280		-0- 702	-0-		518,567
Prepaid expenses		<u>116,518</u>		-0-		<u>793</u>			117,311
Total current assets		5,220,487		337,300		97,679	(26,933)		5,628,533
Assets limited as to use (Note 4)		1,502,932		-0-		176,063	-0-		1,678,995
Capital assets, net (Note 6)		8,938,040		37,534		1,544,513	-0-		10,520,087
Other assets:									
Investments		14,731,362		2,744		-0-	-0-		14,734,106
LHA investment		222,523		-0-		-0-	-0-		222,523
				AND STATE OF THE PARTY OF THE P		***************************************			
Total assets	\$	30,615,344	\$	377,578	\$	1,818,255	\$ (26,933)	\$	32,784,244
Liabilities and Net Assets									
Current liabilities:									
Accounts payable	\$	453,112	\$	59,489	\$	3,557	\$ (26,933)	\$	489,225
Accrued expenses and	•	,	•	30,.00	•	0,001	(20,000)	*	
withholdings payable (Note 7)		987,248		188,025		11,540	-0-		1,186,813
Estimated third-party payor		80,000		-0-		-0-	-0-		80,000
Unearned UCC		1,913,308		-0-		-0-	-0-		1,913,308
Current maturities of long-term									
debt (Note 8)		-0-		-0-		5,511			5,511
Total current liabilities	\$	3,433,668	\$	247,514	\$	20,608	\$ (26,933)	\$	3,674,857

## Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combining Balance Sheets (Continued) October 31, 2012

	Pointe Coupee General Hospital	Pointe Coupee Home Health <u>&amp; Hospice</u>	Maison Pointe Coupee <u>Apartments</u>	Eliminating Entries	Combined
Long-term debt, net of current maturities (Note 8)	\$ 	\$ 	\$ 955,794	\$ 	\$ 955,794
Total liabilities	3,433,668	247,514	976,402	(26,933)	4,630,651
Net assets: Invested in capital assets,	æ				
net of related debt	8,938,040	37,534	583,208	-0-	9,558,782
Unrestricted net assets	18,243,636	92,530	258,645	-0-	18,594,811
Total net assets	27,181,676	130,064	841,853		28,153,593
Total liabilities and net assets	\$ 30,615,344	\$ 377,578	\$ 1,818,255	\$ (26,933)	\$ 32,784,244

## Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combining Balance Sheets October 31, 2011

<u>Assets</u>		Pointe Coupee General <u>Hospital</u>		Pointe Coupee Home Health <u>&amp; Hospice</u>		Maison Pointe Coupee <u>Apartments</u>		Eliminating <u>Entries</u>		Combined
Current assets:  Cash and cash equivalents (Note 3)  Patient accounts receivable,	\$	3,649,658	\$	140,337	\$	54,858	\$	-0-	\$	3,844,853
net of estimated uncollectibles (Note 5) Estimated third-party payor		1,407,018		425,502		-0-		-0-		1,832,520
settlements		285,782		-0-		-0-		-0-		285,782
Other receivables		65,208		56,846		-0-		(56,846)		65,208
Inventory		574,061		19,337		-0-		-0-		593,398
Prepaid expenses		114,309		22,320		-0-		-0-		136,629
Total current assets		6,096,036		664,342		54,858		(56,846)		6,758,390
Assets limited as to use (Note 4)		1,500,703		-0-		175,953		-0-		1,676,656
Capital assets, net (Note 6)		9,383,238		66,027		1,581,573		-0-		11,030,838
Other assets:										
Investments		10,612,588		432,690		-0-		-0-		11,045,278
LHA investment		222,523		-0-		-0-		-0-		222,523
T-1-1	•		•	4.400.050	•	4.040.004	Φ.	(50.040)	•	
Total assets	\$	27,815,088	\$	1,163,059	\$	1,812,384	\$	(56,846)	\$	30,733,685
<u>Liabilities and Net Assets</u>										
Current liabilities: Accounts payable Accrued expenses and	\$	484,533	\$	60,065	\$	3,001	\$	(56,846)	\$	490,753
withholdings payable (Note 7)		907,201		289,941		11,119		-0-		1,208,261
Estimated third-party payor		179,130		-0-		-0-		-0-		179,130
Unearned UCC		1,055,725		-0-		-0-		-0-		1,055,725
Current maturities of long-term debt (Note 8)						5,146				5,146
Total current liabilities	\$	2,626,589	\$	350,006	\$	19,266	\$	(56,846)	\$	2,939,015

## Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combining Balance Sheets (Continued) October 31, 2011

	Pointe Coupee	Pointe Coupee	Maison Pointe			
	General Hospital	Home Health <u>&amp; Hospice</u>	Coupee Apartments	Eliminating <u>Entries</u>	Combined	
Long-term debt, net of current maturities (Note 8)	\$ -0-	\$ -0-	\$ 961,305	\$ \$	961,305	5
Total liabilities	2,626,589	350,006	980,571	(56,846)	3,900,320	<u>)</u>
Net assets: Invested in capital assets,						
net of related debt	9,383,238	66,027	615,122	-0-	10,064,387	7
Unrestricted net assets	15,805,261	747,026	216,691		16,768,978	
Total net assets	25,188,499	813,053	831,813	-0-	26,833,365	5
Total liabilities and net assets	\$ 27,815,088	\$ 1,163,059	\$ 1,812,384	\$ (56,846) \$	30,733,688	5

## Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combining Balance Sheets October 31, 2010

<u>Assets</u>		Pointe Coupee General <u>Hospital</u>	Pointe Coupee Home Health & Hospice	Maison Pointe Coupee <u>Apartments</u>		Eliminating <u>Entries</u>	Combined
Current assets:							
Cash and cash equivalents							
(Note 3)	\$	3,335,241	\$ 76,803	\$ 19,800	\$	-0- \$	3,431,844
Patient accounts receivable, net of estimated uncollectibles				,			
(Note 5) Estimated third-party payor		1,267,565	319,669	-0-		-0-	1,587,234
settlements		846,146	-0-	-0-		-0-	846,146
Other receivables		938,628	15,626	-0-		(15,626)	938,628
Inventory		530,754	17,492	-0-		-0-	548,246
Prepaid expenses		109,357	6,977	1,483		-0-	117,817
Total current assets		7,027,691	436,567	21,283		(15,626)	7,469,915
Assets limited as to use (Note 4)		1,498,868	-0-	161,159		-0-	1,660,027
Capital assets, net (Note 6)		8,949,300	88,307	1,619,837		-0-	10,657,444
Other assets:							
Investments		8,389,241	1,071,802	-0-		-0-	9,461,043
LHA investment		222,523	-0-	-0-		-0-	222,523
						M-12-11-11-11-11-11-11-11-11-11-11-11-11-	
Total assets	\$	26,087,623	\$ 1,596,676	\$ 1,802,279	\$	(15,626) \$	29,470,952
Liabilities and Net Assets							
Current liabilities:							
Accounts payable	\$	560,420	\$ 53,506	\$ -0-	\$	(15,626) \$	598,300
Accrued expenses and	100	,	,		100	, , , ,	,
withholdings payable (Note 7)		804,185	257,713	10,997		-0-	1,072,895
Estimated third-party payor		80,000	-0-	-0-		-0-	80,000
Current maturities of long-term						(20)	
debt (Note 8)			-0-	4,805			4,805
Total current liabilities	\$	1,444,605	\$ 311,219	\$ 15,802	\$	(15,626) \$	1,756,000

# Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combining Balance Sheets (Continued) October 31, 2010

8		Pointe Coupee General Hospital	ŀ	Pointe Coupee Home Health & Hospice	Maison Pointe Coupee Apartments		Eliminating Entries	Combined
Long-term debt, net of maturities (Note 8)	current \$	-0-	\$	-0-	\$ 966,450	\$ .	-0-	\$ 966,450
Total liabilities		1,444,605	:	311,219	982,252	٠	(15,626)	2,722,450
Net assets: Invested in capital as net of related debt Unrestricted net asse	eren, con consente.	8,949,300 15,693,718		88,307 1,197,150	648,582 171,445		-0- -0-	9,686,189 17,062,313
Total net assets		24,643,018		1,285,457	820,027		-0-	26,748,502
Total liabilities and	net assets \$	26,087,623	\$	1,596,676	\$ 1,802,279	\$	(15,626)	\$ 29,470,952

## Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combining Statements of Revenue, Expenses, and Changes in Net Assets Year Ended October 31, 2012

	Pointe Coupee General <u>Hospital</u>	Pointe Coupee Home Health & Hospice		Maison Pointe Coupee Apartments	Eliminating <u>Entries</u>		Combined
Revenue:							
Net patient service revenue	\$ 16,982,105	\$ 2,791,069	\$	-0-	\$ -0- \$		19,773,174
Sales tax revenue	1,939,211	-0-		-0-	-0-		1,939,211
Donations	-0-	5,551		-0-	-0-		5,551
Grants	679,099	-0-		-0-	-0-		679,099
Other operating revenue	298,109	287,303		297,093	(235,857)	-	646,648
Total revenue	19,898,524	3,083,923		297,093	(235,857)		23,043,683
Expenses:							
Salaries and benefits	8,776,396	2,488,096		54,621	-0-		11,319,113
Medical supplies and drugs	1,722,105	158,054		-0-	-0-		1,880,159
Insurance	342,884	82,425		16,354	-0-		441,663
Professional fees	2,972,589	150,201		-0-	-0-		3,122,790
Depreciation	1,016,024	33,550		56,446	-0-		1,106,020
Other expenses	3,380,889	862,221		93,378	(235,857)		4,100,631
Total expenses	18,210,887	3,774,547		220,799	(235,857)	-	21,970,376
Operating income (loss)	1,687,637	(690,624)		76,294	-0-	_	1,073,307
Nonoperating income (loss):				8.0			
Investment income	243,479	275		-0-	-0-		243,754
Interest expense	-0-	-0-		(66,254)	-0-		(66,254)
Payments to Police Jury	(195,451)	-0-		-0-	-0-		(195,451)
Nonoperating income (loss), net	48,028	275		(66,254)	-0-	-	(17,951)
Nonoperating income (loss), her	40,020		٠	(00,234)	-0-	-	(17,931)
Excess of revenues (expenses)							
before capital grants	1,735,665	(690,349)		10,040	-0-		1,055,356
Capital grants	257,512	7,360		-0-	-0-		264,872
Excess of revenues (expenses)	1,993,177	(682,989)		10,040	-0-		1,320,228
Other comprehensive income							
Unrealized investment gains (losses)	-0-	-0-		-0-	-0-	-	-0-
Comprehensive income (loss)	1,993,177	(682,989)		10,040	-0-		1,320,228
Net assets at beginning of year	25,188,499	813,053		831,813	-0-		26,833,365
Net assets at end of year	\$ 27,181,676	\$ 130,064	\$	841,853	\$ 0- \$	_	28,153,593

## Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combining Statements of Revenue, Expenses, and Changes in Net Assets Year Ended October 31, 2011

		Pointe Coupee General <u>Hospital</u>		Pointe Coupee Home Health & Hospice		Maison Pointe Coupee Apartments		Eliminating <u>Entries</u>		Combined
Revenue:										
Net patient service revenue	\$	15,049,933	\$	3,117,561	\$	-0-	\$	-0-	\$	18,167,494
Sales tax revenue		1,683,342		-0-		-0-		-0-		1,683,342
Donations		-0-		-0-		-0-		-0-		-0-
Grants		290,972		-0-		-0-		-0-		290,972
Other operating revenue		281,002		267,557		296,440		(252,208)		592,791
Total revenue		17,305,249		3,385,118		296,440		(252,208)		20,734,599
_		Ĭ.								N.,
Expenses:						== 000				44 805 846
Salaries and benefits		8,368,868		2,660,818		55,932		-0-		11,085,618
Medical supplies and drugs		1,676,960		149,358		-0-		-0-		1,826,318
Insurance Professional fees		345,819		68,786		15,211 -0-		-0- -0-		429,816
Depreciation		2,853,316 967,557		140,886 35,917		55,140		-0-		2,994,202 1,058,614
Other expenses		2,695,785		815,271		91,774		(252,208)		3,350,622
Total expenses		16,908,305		3,871,036		218,057		(252,208)		20,745,190
Operating income (loss)		396,944		(485,918)		78,383		-0-		(10,591)
Nonoperating income (loss):										
Investment income		247,614		5,905		-0-		-0-		253,519
Interest expense		-0-		-0-		(66,597)		-0-		(66,597)
Gain (loss) on disposal										
of assets		100,127		-0-		-0-		-0-		100,127
Payments to Police Jury		(186,200)		0-		-0-		-0-		(186,200)
Nonoperating income (loss), net		161,541		5,905		(66,597)		-0-		100,849
Evene of various (company)										
Excess of revenues (expenses) before capital grants		558,485		(480,013)		11,786		-0-		90,258
Capital grants		58,888		7,609		-0-		-0-		66,497
Capital grants		Management of the second								
Excess of revenues (expenses)		617,373		(472,404)		11,786		-0-		156,755
Other comprehensive income										
Unrealized investment gains (losses)		(71,892)		-0-		0-		-0-		(71,892)
Comprehensive income (loss)		545,481		(472,404)		11,786		-0-		84,863
Net assets at beginning of year		24,643,018		1,285,457		820,027		-0-		26,748,502
Net assets at end of year	\$	25,188,499	\$	813,053	\$	831,813	\$	-0-	\$	26,833,365
CONTROL CONTRO	VIII I	CHICKEN CHEROTONIA MATACONIA	10000		18.7	Institution of the second section of the second	0.50		1000	

## Hospital Service District No. 1 Of the Parish of Pointe Coupee and Affiliate Combining Statements of Revenue, Expenses, and Changes in Net Assets Year Ended October 31, 2010

Revenue:		Pointe Coupee General Hospital		Pointe Coupee Home Health & Hospice		Maison Pointe Coupee Apartments		Eliminating Entries		Combined
	<b>C</b>	14 046 546	<b>c</b>	2 011 660	<b>d</b>	0	Ф	0	Φ	17 050 015
Net patient service revenue	\$	14,946,546	\$	2,911,669 -0-	\$	-0- -0-	\$	-0- -0-	\$	17,858,215
Sales tax revenue  Donations		1,781,959 -0-		174		-0-		-0-		1,781,959 174
Other operating revenue		-0- 261,011		78,985		260,467		-0-		600,463
E.										
Total revenue		16,989,516		2,990,828		260,467		-0-		20,240,811
Expenses:		*								
Salaries and benefits		7,830,009		2,303,385		64,028		-0-		10,197,422
Medical supplies and drugs		1,902,496		138,696		-0-		-0-		2,041,192
Insurance		342,281		67,703		19,411		-0-		429,395
Professional fees		2,740,788		140,720		-0-		-0-		2,881,508
Depreciation		940,794		34,388		52,539		-0-		1,027,721
Other expenses		2,715,085		778,353		93,406		-0-		3,586,844
Total expenses		16,471,453		3,463,245		229,384				20,164,082
Operating income (loss)		518,063		(472,417)		31,083				76,729
Nonoperating income (loss):										
Investment income		240,342		1,439		-0-		-0-		241,781
Interest expense		-0-		-0-		(66,917)		-0-		(66,917)
Gain (loss) on disposal						,				
of assets		8,712		-0-		-0-		-0-		8,712
Payments to Police Jury		(201,200)		0-		-0-		0-		(201,200)
Nonoperating income (loss), net		47,854		1,439		(66,917)		0-		(17,624)
Excess of revenues (expenses)										
before capital grants		565,917		(470,978)		(35,834)		-0-		59,105
Capital grants		659,866		94,983		-0-		0-		754,849
Excess of revenues (expenses)		1,225,783		(375,995)		(35,834)		-0-		813,954
Other comprehensive income										
Unrealized investment gains (losses)		32,801				-0-				32,801
Comprehensive income (loss)		1,258,584		(375,995)		(35,834)		-0-		846,755
Net assets at beginning of year		23,384,434		1,661,452		855,861		-0-		25,901,747
Net assets at end of year	\$	24,643,018	\$	1,285,457	\$	820,027	\$	-0-	\$	26,748,502

Combining Statements of Operations by Service Component Year Ended October 31, 2012 Of the Parish of Pointe Coupee and Affiliate Hospital Service District No.1

	<b>±</b> [	Hospital	COA*	Home Health & Hospice		District Summary Substance H*** Abuse	sinni	Elderly Housing	District**	Total
Revenue: Net patient service revenue	\$ 16	16,982,105 \$	ф ф	2,791,069 \$	ф ф	÷	<del>\$</del>	ф ф	ф \$	19,773,174
			þ		¢			¢		
Donations		þ	þ	5,551	¢	þ	¢	o	φ	5,551
Grants		660'629	þ	¢	¢	¢	¢	¢	þ	650,039
Other		190,362	φ	51,446	þ	o	φ	297,093	107,747	646,648
Total rayania	0	19 790 777	4	2 848 066	¢	¢	¢	797 093	107 747	23 043 683
	2			200,000			b	2001103		200,010,02
Expenses:										
Salaries and benefits	ω	8,654,753	þ	2,488,096	¢	¢	þ	54,621	121,643	11,319,113
Medical supplies and drugs	-	1,722,105	þ	158,054	<b>•</b>	¢	þ	¢	þ	1,880,159
Insurance		342,884	þ	82,425	¢	ģ	¢	16,354	¢	441,663
Professional fees	CA	2,954,426	¢	150,201	þ	þ	<b>-</b>	¢	18,163	3,122,790
Depreciation		888,043	þ	33,550	o o	þ	14,603	56,446	113,378	1,106,020
Other expenses	~	2,273,854	279,328	862,221	o o	171,830	12,094	93,378	407,926	4,100,631
Total expenses	19	16,836,065	279,328	3,774,547	٠ļ	171,830	26,697	220,799	661,110	21,970,376
Operating income (loss)	~	2,954,712	(279,328)	(926,481)	φ	(171,830)	(26,697)	76,294	(553,363)	1,073,307
Nonoperating income (loss):										
Investment income		243,479	¢	275	¢	þ	¢	þ	¢	243,754
Interest expense		þ	þ	¢	þ	¢	¢	(66,254)	þ	(66,254)
Gain (loss) on disposal of asset		þ	þ	¢	þ	¢	¢	þ	þ	¢
Payments to Police Jury		(195,451)	op	<b>ا</b>	þ	-0-	0-	¢	þ	(195,451)
Nonoperating income (loss), net	*	48,028	þ	275	þ	¢	¢	(66,254)	¢	(17,951)
Excess of revenues (expenses)										
before capital grants	(4)	3,002,740	(279,328)	(926,206)	þ	(171,830)	(26,697)	10,040	(553,363)	1,055,356
Capital grants		264,872	٠ ا	٠   	þ	-0-	쉬	٩	-0-	264,872
Excess of reveniles (expenses)	€.	3 267 612 \$	\$ (805 500)	\$ (905,909)	<i>و</i> ج	(171 830) \$	\$ (76,697)	10 040 \$	(553 363) \$	1 320 228
	, ,	!								

<sup>\*\*</sup> Remaining non-hospital activities of the District
\*\*\*BACH Pointe Coupee Better Access Community Health

Hospital Service District No.1 Of the Parish of Pointe Coupee and Affiliate Combining Statements of Operations by Service Component Year Ended October 31, 2011

Total		18,167,494	1,683,342	290,972	592,791	20,734,599	11,085,618	1,826,318	429,816	2,994,202	1,058,614	3,350,622	20,745,190	(10,591)	253,519	(66,597)	100,127	(186,200)	100,849		90,258	156,755
District**		ტ ზ	¢	¢	100,857	100,857	103,900	¢	¢	¢	113,817	347,585	565,302	(464,445)	þ	¢	þ	þ	¢		(464,445)	(464,445) \$
Elderly Housing	200	ф \$	ģ	¢	296,440	296,440	55,932	þ	15,211	¢	55,140	91,774	218,057	78,383	¢	(66,597)	¢	þ	(66,597)		11,786	11,786 \$
ian		ф \$	¢	¢	٠	o o	þ	þ	þ	þ	14,603	15,602	30,205	(30,205)	¢	¢	þ	φ	þ		(30,205)	(30,205) \$
Substance Abuse	Senau	φ	¢	¢	þ	0	ф	¢	þ	¢	þ	241,197	241,197	(241,197)	¢	¢	¢	ф	þ		(241,197)	(241,197) \$
District Summary		\$ 0	¢	¢	ا ا	-0-	ф	¢	¢	79,726	þ	6,201	85,927	(85,927)	¢	¢	¢	þ	þ		(85,927)	(85,927) \$
Home Health &	2000	3,117,561 \$	¢	¢	15,349	3,132,910	2,660,818	149,358	68,786	140,886	35,917	815,271	3,871,036	(738,126)	5,905	¢	þ	쉬	5,905		(732,221)	(732,221) \$
******		<del>\$</del>	¢	¢	쉬	0-	ģ	¢	¢	¢	þ	189,874	189,874	(189,874)	ģ	¢	þ	쉬	ф		(189,874)	(189,874) \$
Hospital	- CONTRACT	15,049,933 \$	1,683,342	290,972	180,145	17,204,392	8,264,968	1,676,960	345,819	2,773,590	839,137	1,643,118	15,543,592	1,660,800	247,614	¢	100,127	(186,200)	161,541		1,822,341	1,888,838 \$
		€9			1	-							-1	1			et	Ī	, net		1	<b>6</b>
		Revenue: Net patient service revenue	Sales fax revenue	Grants	Other	Total revenue	Expenses: Salaries and benefits	Medical supplies and drugs	Insurance	Professional fees	Depreciation	Other expenses	Total expenses	Operating income (loss)	Nonoperating income (loss): Investment income	Interest expense	Gain (loss) on disposal of asset	Payments to Police Jury	Nonoperating income (loss), net	Excess of revenues (expenses)	before capital grants Capital grants	Excess of revenues (expenses)

<sup>\*</sup> Council on Aging
\*\* Remaining non-hospital activities of the District
\*\*\* BACH Pointe Coupee Better Access Community Health

Combining Statements of Operations by Service Component Year Ended October 31, 2010 Hospital Service District No.1 Of the Parish of Pointe Coupee and Affiliate

ú	Total	17,858,215	1,781,959	174	600,463	20,240,811	10,197,422	2,041,192	429,395	2,881,508	1,027,721	3,586,844	20,164,082	76,729	241,781	(66,917)	8,712	(201,200)	(17,624)	59,105 754,849	813,954
	District**	\$ -0	¢	¢	100,658	100,658	64,348	¢	¢	þ	114,311	160,201	338,860	(238,202)	φ	þ	þ	þ	-0-	(238,202)	(238,202) \$
Elderly	Housing	& -0-	þ	þ	260,467	260,467	64,028	þ	19,411	¢	52,539	93,406	229,384	31,083	φ	(66,917)	¢	٠ م	(66,917)	(35,834)	(35,834) \$
	lunis	ģ ģ	¢	¢	φ	¢	ф	¢	¢	þ	14,603	10,438	25,041	(25,041)	¢	þ	¢	þ	4	(25,041)	(25,041) \$
Substance	Abuse	o o	¢	¢	þ	o-	¢	¢	¢	¢	¢	180,953	180,953	(180,953)	¢	¢	þ	o o	φ	(180,953)	(180,953) \$
	BACH***	o- 8	¢	¢	o o	¢	ф	¢	þ	198,013	¢	4,534	202,547	(202,547)	¢	¢	¢	쉬	-0-	(202,547)	(202,547) \$
Home Health &	Hospice	2,911,669 \$	¢	174	78,985	2,990,828	2,303,385	138,696	67,703	140,720	34,388	778,353	3,463,245	(472,417)	1,439	¢	¢	φ	1,439	(470,978) 94,983	\$ (375,995)
	COA	<b>↔</b> •	¢	¢	٠	φ	ф	þ	þ	¢	¢	189,821	189,821	(189,821)	¢	¢	o o	φ	،  - 	(189,821)	(189,821) \$
	Hospital	14,946,546 \$	1,781,959	¢	160,353	16,888,858	7,765,661	1,902,496	342,281	2,542,775	811,880	2,169,138	15,534,231	1,354,627	240,342	¢	8,712	(201,200)	47,854	1,402,481	2,062,347 \$
		69				Į.								, u			set		, net		
		Revenue: Net patient service revenue	Sales tax revenue	Donations	Other	Total revenue	Expenses: Salaries and benefits	Medical supplies and drugs	Insurance	Professional fees	Depreciation	Other expenses	Total expenses	Operating income (loss)	Nonoperating income (loss): Investment income	Interest expense	Gain (loss) on disposal of asset	Payments to Police Jury	Nonoperating income (loss), net	Excess of revenues (expenses) before capital grants Capital grants	Excess of revenues (expenses)

<sup>\*</sup> Council on Aging
\*\* Remaining non-hospital activities of the District
\*\*\* BACH Pointe Coupee Better Access Community Health



### LESTER, MILLER & WELLS

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REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE
AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Commissioners Hospital Service District No. 1 Parish of Pointe Coupee, State of Louisiana New Roads, Louisiana

We have audited the consolidated financial statements of the Hospital Service District No. 1, Parish of Pointe Coupee, (the "District" or the "Hospital") as of and for the years ended October 31, 2012, 2011, and 2010 and have issued our report thereon dated April 29, 2013. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

#### Internal Control Over Financial Reporting

In planning and performing our audit, we considered the District's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinions on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the District's internal control over financial reporting.

Our consideration of the internal control over financial reporting was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over financial reporting that might be significant deficiencies or material weaknesses and, therefore, there can be no assurance that all such deficiencies have been identified. However, as discussed below, we identified certain deficiencies in internal control over financial reporting, described in the accompanying schedule of findings that we consider to be significant deficiencies in internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. We did not identify any deficiencies in internal control that we consider to be material weaknesses.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the following deficiencies in the District's internal control to be significant deficiencies: 2012-1, 2012-2 and 2012-3.

Board of Commissioners Hospital Service District No. 1 Parish of Pointe Coupee, State of Louisiana Page Two

#### Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

This report is intended solely for the information and use of management, the Board of Commissioners, and the office of the Legislative Auditor of the State of Louisiana and is not intended to be and should not be used by anyone other than these specified parties.

Lefu, Mille : Wills
Certified Public Accountants
Alexandria, Louisiana

April 29, 2013

### POINTE COUPEE GENERAL HOSPITAL SCHEDULE OF FINDINGS AND RESPONSES YEAR ENDED OCTOBER 31, 2012

### Section I. Summary of Auditors' Results

Financial Statements

Type of auditors' report issued: unqualified

Internal control over financial reporting:

- Material weaknesses identified No
- Significant deficiencies identified Yes

#### Compliance:

Noncompliance issues noted – No

Management letter issued - No

Federal Awards - Not applicable

### Section II. Financial Statement Findings

#### FINDING 2012-1 - Draft of Financial Statements

<u>Finding:</u> In the past, the auditors were able to draft the financial statements with management accepting responsibility. Effective for financial statements ending on or after December 15, 2006, SAS 112 now requires management to ensure proprietary and completeness of the financial statements and related footnotes. The staff responsible for preparation of financial statements and related footnote disclosures in accordance with generally accepted accounting principles (GAAP) lacks the resources necessary internally to complete the reporting requirements.

<u>Recommendation:</u> Management should either (a) obtain the resources necessary to internally prepare or review the auditors' preparation of the Hospital's financial statements and related footnote disclosures in accordance with GAAP, or (b) determine if the cost overrides the benefit of correcting this control deficiency.

**Response:** Management has considered the recommendation and concluded that the implementation cost is greater than the benefit derived from correcting the control deficiency.

#### FINDING 2012-2 - Segregation of Duties

<u>Finding:</u> Due to a limited number of available employees, there is not a complete segregation of duties in all accounting, recording and custody functions.

**Recommendation:** We recommend that duties be segregated to the extent possible to prevent both intentional and unintentional errors. Segregation includes 1) separating transaction authorization from custody of related assets; 2) separating transaction recording from general ledger posting and maintenance; 3) separating operations responsibility from record-keeping. Where these segregations are not possible, we recommend close supervision and review.

### POINTE COUPEE GENERAL HOSPITAL SCHEDULE OF FINDINGS AND RESPONSES YEAR ENDED OCTOBER 31, 2012

### Section II. Financial Statement Findings (Continued)

#### FINDING 2012-2 - Segregation of Duties (Continued)

<u>Response:</u> Management will continue to segregate duties as much as possible and will closely supervise and review duties to prevent errors.

#### FINDING 2012-03 - Estimate of Cost Report Receivable

<u>Finding:</u> The Hospital did not record an accurate estimate for the current year Medicare and Louisiana Medicaid cost report settlement. Since interim reimbursement rates were understated, the amount due from Medicare and Louisiana Medicaid and the related revenue were materially understated.

**Recommendation:** An interim cost report projection should be made and an estimate of the Medicare and Medicaid cost report should be recorded to accurately reflect the revenue.

**Response:** Management will make a mid-year projection based on current cost report data to more accurately determine cost report receivable/payable and related contractual allowances.

### POINTE COUPEE GENERAL HOSPITAL SCHEDULE OF PRIOR YEAR FINDINGS AND RESPONSES YEAR ENDED OCTOBER 31, 2012

### Section I. Financial Statement Findings

#### 2011-01 - Draft of Financial Statements

Fiscal Year Initially Reported: October 31, 2007

<u>Finding:</u> In the past, the auditors were able to draft the financial statements with management accepting responsibility. Effective for financial statements ending on or after December 15, 2006, SAS 112 now requires management to ensure proprietary and completeness of the financial statements and related footnotes. The staff responsible for preparation of financial statements and related footnote disclosures in accordance with generally accepted accounting principles (GAAP) lacks the resources necessary internally to complete the reporting requirements.

**Recommendation:** Management should either (a) obtain the resources necessary to internally prepare or review the auditors' preparation of the Hospital's financial statements and related footnote disclosures in accordance with GAAP, or (b) determine if the cost overrides the benefit of correcting this control deficiency.

**Response:** Management has considered the recommendation and concluded that the implementation cost is greater than the benefit derived from correcting the control deficiency.

Current Status: Not resolved - See finding 2012-1

### 2011-02 - Segregation of Duties

Fiscal Year Initially Reported: October 31, 2007

<u>Finding:</u> Due to a limited number of available employees, there is not a complete segregation of duties in all accounting, recording and custody functions.

<u>Recommendation:</u> We recommend that duties be segregated to the extent possible to prevent both intentional and unintentional errors. Segregation includes 1) separating transaction authorization from custody of related assets; 2) separating transaction recording from general ledger posting and maintenance; 3) separating operations responsibility from record-keeping. Where these segregations are not possible, we recommend close supervision and review.

**<u>Response:</u>** Management will continue to segregate duties as much as possible and will closely supervise and review duties to prevent errors.

**Current Status:** Not resolved - See finding 2012-2

#### Section II. Management Letter

Not Applicable

#### Section III. Federal Award Findings and Questioned Costs

Not Applicable